



Talent Release Form

All team members, on camera or voice over actors, assistants, and any other contributors to the video must sign the talent release form.

You must make as many copies of this page as you have actors, assistants and team members and get their signatures.

Name _____

I hereby agree, in connection with my appearance in film/tape footage or my performance on audio track being produced by and/or for person named below, to the reproduction and use of such footage and/or audio track in commercial which may be edited, modified and revised, containing my performance and / or voice and/or likeness, for the purpose of advertising and trade in any and all media anywhere in the world at any time without limitation.

I hereby grant to Placer County Health and Human Services, the right to use my performance and/or voice and/or likeness for the purposes of advertising and trade at any time throughout the world in connection with the advertising and/or publicizing and/or use of such commercial in any and all media.

Signature_____

Signature of Parent or Guardian if under 18_____

Date_____